



GOVERNMENT OF GUAM

DEPARTMENT OF ADMINISTRATION

DIVISION OF ACCOUNTS

mail: ATTN: Division of Accounts, P.O. Box 884, Hagatna, GU 96932 * fax: 671-472-8483



VENDOR RECORD / EFT ESTABLISHMENT REQUEST

To: Accounts Payable Section

From: _____

Subject: Request for establishment of vendor number or change of vendor record.

This is a request for the establishment of vendor number or the change of vendor record for the following:

☐ **NEW VENDOR**

Name _____
Mailing _____
Address _____

City State Zip Code

☐ **CHANGE OF VENDOR RECORD**

Name _____
Mailing _____
Address _____

City State Zip Code

OTHER REQUIRED INFORMATION

Taxpayer ID No./Soc Sec No: _____
Contact No.(work): _____
Fax Number(s): _____

Type of Product / Svc: _____
Contact No.(other): _____
E-mail Address: _____

Check all Applicable: ☐ Petty Cash Custodian
☐ Business License ☐ Proper identification
☒ **TRAVEL** ☒ **EMPLOYEE**
☐ Form W-9 <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Electronic Funds Transfer (EFT) Information¹

☐ Checking
☐ Savings
Bank Name and Address _____

Account Number _____ Routing Number _____

Must Attach: **For Checking:** Voided Check or Personalized Deposit Slip;
or, **For Savings:** Copy of Current Bank

¹ The undersigned confirms its account number and title named above and hereby acknowledged that the undersigned has no enforceable right in, or to Department of Administration. The undersigned also has read and understood 4 GCA §8169 which state:

Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to defraud the system, is guilty of a misdemeanor and shall be punishable therefore under the laws of the government of Guam, and the system shall have the right to recover any payments made under false representations.

**Existing Vendor
Number**

**NOTE: Please attach all required supporting documentation.
Incomplete requests will not be processed and may create
unnecessary delays in the vendor establishment process.**

VENDOR APPLICANT's SIGNATURE

Print Name: _____
Print Title: _____
Date Signed: _____

DEPARTMENT OF ADMINISTRATION

Vendor Number

Established by:

Signature

Date